

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	SANDY J. BATTISTA		COURT CASE NUMBER	05-11456-DPW
DEFENDANT	MICHAEL J. HUGHES, LIEN (Regional Administrator)		TYPE OF PROCESS	05-11456
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
	Department of Correction - Health Services Division ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 50 Maple Street, Suite 3, Milford, Mass. 01757-3698			

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	1
Sandy J. Battista, 4M-15000 Milford Treatment Center 20 Adams Administration Rd. Bridgewater, Mass. 02224-7220		Number of parties to be served in this case	6
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold

Michael J. Hughes is a licensed Certified Social Worker with the Department of Correction Health Services Division. Alternative service made be directed upon defendant Kathleen M. Dennehy's current address of employment.

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
<i>Sandy J. Battista</i>		---	7/19/05

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1	No. 38	No. 38	<i>Nancy Salame</i>	7/26/05

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
<i>Cile Ryan, clerk</i>	Date of Service	Time
Address (complete only if different than shown above)	<i>8/9/05</i>	<i>9:35</i> am
<i>12 Administration Rd Bridgewater, MA.</i>	Signature of U.S. Marshal or Deputy	
	<i>[Signature]</i>	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
<i>90.00</i>	—	—	<i>90</i>	—	—	—

REMARKS:

- ① s/s attempted at Milford would not accept service CB
② Serve at 12 Administration Road Talbot Bldg. Bridgewater

UNITED STATES DISTRICT COURT

District of

Massachusetts

Sandy J. Battista,
Plaintiff
v.

SUMMONS IN A CIVIL CASE

Kathleen Dennohy, et al

CASE NUMBER:

C.A. 05-11456-DPW

TO: (Name and address of Defendant)

Gregory J. Hughes, LICSW
DEPT. OF CORR. - Health Services Division
50 Maple Street - Suite 3
MILFORD, MASS. 01757

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Sandy J. Battista, Pro se #M-15930
MASS. Treatment Center
30 Administration Rd.
Bridgewater, MASS. 02324-3230

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.



Sarah A. Thornton

CLERK

DATE

7/13/05

Rebecca Greenberg

(By) DEPUTY CLERK

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE 8-09-2005
NAME OF SERVER (PRINT) Thomas Bezanson	TITLE Supervisory Deputy U.S. Marshal

Check one box below to indicate appropriate method of service

- ☐ Served personally upon the third-party defendant. Place where served: _____
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were left: _____
- ☐ Returned unexecuted: _____
- ☒ Other (specify): Cile Ryan, Clerk
12 Administration Rd.
Bridgewater, MA

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 8/9/05 Date [Signature] Signature of Server

UNITED STATES MARSHALS SERVICE
HAROLD D. DONOHUE FEDERAL BLDG.
Address of Server: 595 MAIN STREET
WORCESTER, MA 01608

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.